

FILED MAR 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7247

BIRTH NO. _____		REG. DIST. NO. <u>375</u>		PRIMARY REG. DIST. NO. <u>6283</u>		Registrar's No. <u>10</u>	
1. PLACE OF DEATH a. COUNTY <u>Wright</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Mo.</u> b. COUNTY <u>Wright</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. George</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. George</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>				d. STREET ADDRESS (If rural, give location) <u>4 miles north</u>			
3. NAME OF DECEASED (Type or Print) <u>Frances Long</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>2-14-49</u>			
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Feb. 5 1862</u>	
9. AGE (In years last birthday) <u>87</u>		10. MONTHS <u>8</u>		11. DAYS <u>8</u>		12. HOURS <u>8</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>				11. BIRTHPLACE (State or foreign country) <u>Greenville Illinois</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>							
13a. FATHER'S NAME <u>Sam Ingles</u>				13b. MOTHER'S MAIDEN NAME <u>Elizabeth Webster</u>			
14. NAME OF HUSBAND OR WIFE <u>John H. Long</u>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. _____			
17. INFORMANT'S SIGNATURE OR NAME <u>Willie Long</u>				ADDRESS <u>St. George, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock + Exposure</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fall down stairs and lying in cold three hours</u> DUE TO (c) <u>Internal injuries</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>9:40 PM</u>			
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION <u>2</u>			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>In home</u>			
21c. (CITY, TOWN, OR TOWNSHIP) <u>St. George</u> (COUNTY) <u>Wright</u> (STATE) <u>Mo.</u>							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb. 12 4:10 PM</u>				21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21f. HOW DID INJURY OCCUR? <u>Fall down stairs</u>							
22. I hereby certify that I attended the deceased from <u>Feb 12</u> , 19 <u>47</u> , to <u>Feb 14</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Feb 13</u> , 19 <u>49</u> , and that death occurred at <u>12:45 AM</u> from the causes and on the date stated above.							
23a. SIGNATURE (Design or title) <u>H. W. Worthington, M.D.</u>				23b. ADDRESS <u>Hartsville Mo</u>			
23c. DATE SIGNED <u>2-13-49</u>							
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>				24b. DATE <u>2-15-49</u>			
24c. NAME OF CEMETERY OR CREMATORY <u>Cold Water</u>				24d. LOCATION (City, town, or county) (State) <u>St. George Mo</u>			
DATE REC'D BY LOCAL REG. <u>Feb. 19, 1949</u>				REGISTRAR'S SIGNATURE <u>E. Garner</u> 346			
25. FUNERAL DIRECTOR'S SIGNATURE <u>Gene E. Holdren</u>				ADDRESS <u>Hartsville Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 6

District File Number 349-214

Date Filed 3-3-49

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Sam E. Holdren

Licensed Embalmer No. 3865

P. O. Address Hartsville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.